

TRANSMITTAL COMMENTS

CONTRACT NO: DAC85-01-C-0026

01015-1

DATE: 05/14/02 REVIEWER MO SHEET 1 OF 2

ITEM CODE COMMENT

1 E DISAPPROVED. RESUBMISSION IS REQUIRED.

REVIEWER ONE COMMENTS:

1. This plan contains canned documents that are not site-specific; particularly items 1-11 of Appendix A of EM 385-1-1 are not addressed. The Contractor needs to refer to Appendix A of EM 385-1-1 and provide site-specific documentation for all required items. The AHAs do not contain all the required information; reference Figure 1-1, EM 385-1-1; the content not the format must be followed.

2. The plan must provide the names (positions) of individuals with responsibilities, what those responsibilities are, lines of authority. Who conducts safety meetings, safety inspections, accident reporting. Provide details for emergency response (telephone numbers, hospital, individuals with responsibilities). Include USACE accident reporting forms. Site layout, emergency routes.

REVIEWER TWO COMMENTS:

1. Environmental Protection Plan:

A. Paragraph 2h: The use of explosives is not allowed. Delete. Address explosive actuated tools and loads, and the proper storage of loads.

B. Paragraph 6, Reporting Requirements: The Wainwright Public Works (WPW) Environmental Office has requested the reporting of 0.5 gallon petroleum spill.

3. Hazardous Material Handling, paragraph 1F:

A. Asbestos removal is not Government related, it is Government REGULATED.

B. Address the safe removal and containerization of mercury thermostat capsules and fluorescent light tubes, and radioactive smoke detectors. Light tubes are to be containerized and delivered to WPW Environmental. Smoke detectors are to be containerized and delivered to the Directorate of Logistics (DOL), POC Mr. Bob Williams at 353-7213.

3. Address the potential for fire during fueling operations

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01015-1

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SHEET 2 OF 2

ITEM CODE COMMENT

Item number 1 continued...
caused by cellular telephones.

RESUBMIT.

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TRANSMITTAL OF SHOP DRAWINGS, EQUIPMENT DATA, MATERIAL SAMPLES, OR MANUFACTURER'S CERTIFICATES OF COMPLIANCE				DATE	TRANSMITTAL NO.
(Read instructions on the reverse side prior to filling this form)				08-12-02	01015-1a
SECTION I - REQUEST FOR APPROVAL OF THE FOLLOWING ITEMS (This section will be submitted by the contractor)					
TO: Department of the Army U.S. Army Engineer District, Alaska Northern Alaska Area Office Post Office Box 30065, Fairbanks, Alaska 99703-0065		FROM: Oboira Construction Company 3701 Bradbrook Street Fairbanks, Alaska 99707		CONTRACT NO. DACA45-01-C-0028	
SPECIFICATION REC. NO. (Owner only on section with each transmittal) 01015		PROJECT TITLE AND LOCATION Fort Weinright FY01 Replacement Family Housing		CHECK ONE [] THIS IS A NEW TRANSMITTAL [X] THIS IS A RE-SUBMITTAL OF TRANSMITTAL 01015-1	
DESCRIPTION OF ITEM SUBMITTED (Type item, model number, etc.)		MFG. OR CONTR. CAT., CURVE DRAWING OR BROCHURE NO. (see instruction no. 9)		CONTRACT REFERENCE DOCUMENT SPEC. PARA. NO. DRAWING SHEET NO.	
ITEM NO.		NO. OF COPIES		FOR CONTRACTOR USE CODE	FOR CE USE CODE
1	Safety & Health Plan	1	1.4		
RECEIVED AUG 12 2002 Ketchikan Alaska Area Office		RE-SUBMIT			
REMARKS: Safety & Health Plan revised per COE comments.					
I certify that the above submitted items have been reviewed in detail and are correct and in strict conformance with the contract drawings and specifications enclosures otherwise stated. Chris Seelye NAME AND SIGNATURE OF CONTRACTOR Chris Seelye OCSM 8-12-02					
SECTION II - APPROVAL ACTION					
ENCLOSURES RETURNED (List by Item No.)		NAME, TITLE, AND SIGNATURE OF APPROVING AUTHORITY		DATE	
		Chris Seelye		AUG 20 2002	

ACE000308

10/21/02 12:45 FAX 9073537070

NORTHERN ALASKA AREA OFFICE COUNSEL

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CONTRACT NO: DACA85-01-C-0026

01015-1A.

DATE: 08/20/02 REVIEWER AO SHEET 1 OF 2

ITEM CODE COMMENT

- 1 C APPROVED, EXCEPT AS NOTED IN THE FOLLOWING COMMENTS.
RESUBMISSION IS REQUIRED.

NOTE TO CONTRACTOR: Although resubmission of this item is required, the item is approved for construction contingent upon expeditious resubmission in accordance with comments herein. The resubmission of this item shall be made prior to submission of the next pay estimate after the date of this correspondence.

REVIEWER ONE COMMENTS:

1. No project description.
2. AHAs should follow defineable features of work.
3. AHAs are incomplete and not contract specific.

REVIEWER TWO COMMENTS:

1. Signature page needs to be signed by all principles.
2. Required Manuals: Please include EM 358-1-1 in your list of on-site required manuals.
3. Include a background information section with your plan. See EM 385-1-1, Appendix A, for information on what needs to be included in this section.
4. Under the cover sheet Responsibilities and Lines of Authorities include resumes on all principles at the site and in the company.
5. Provide a list of all subcontractors and suppliers who are or will be on this work site. Include a statement on how you plan to control/coordinate the activities of the subcontractors.
6. Training: The Corps of Engineers requires that you provide at least two First Aid/CPR qualified responders at the work site for each shift. Please provide copies of the First Aid and CPR certifications for all employees who are tasked with providing First Aid/CPR.
7. Bloodborne Pathogens: Expand your First Aid/CPR chapter to address the requirements of a bloodborne pathogen

TRANSMITTAL COMMENTS

CONTRACT NO: DACA85-01-C-0026

01015-1A

DATE: 08/20/02 REVIEWER AO SHEET 2 OF 2

ITEM CODE COMMENT

Item number 1 continued...

exposure control plan as required by 29 CFR 1910.1030(c)(1).

8. Provide information on the type and numbers of first aid kits and fire extinguishers that are provided at this site.

9. Include a section on Emergency Planning and Evacuation to include evacuation points, evacuation routes, accounting for employees after an emergency evacuation. See EM 385-1-1, page 10, Emergency Planning, for guidance. Also include specific sections concerning firefighting by employees if being performed by employees. Also modify your site map to show evacuation routes and evacuation points.

10. Chemicals & Hazardous Substances: Attach copies of MSDSs to this safety plan for all chemicals that are/will be used on this job site.

11. Confined Space: EM 385-1-1 requires that the contractor provide a written confined space and permit-required confined space entry program that meets the requirements as outlined in 29 CFR 1910.146. If the contractor anticipates that they will be performing permit-required confined space entry this plan needs to be expanded and a sample permit-required confined space entry permit be included with this plan.

12. Inclement Weather: Provide a section in this plan that discusses safety procedures for exposure to hot/cold and differing weather conditions. See EM 385-1-1, page 87, and the ACGIH "Threshold Limit Values and Biological Exposure Indices" for guidance.

RESUBMIT.

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TRANSMITTAL OF SHOP DRAWINGS, EQUIPMENT DATA, MATERIAL SAMPLES, OR MANUFACTURER'S CERTIFICATES OF COMPLIANCE <small>(Read Instructions on the reverse side prior to filling this form)</small>				DATE	TRANSMITTAL NO.	
SECTION I - REQUEST FOR APPROVAL OF THE FOLLOWING ITEMS (This section will be submitted by the contractor)				08-23-02	01015-1b	
TO: Department of the Army U.S. Army Engineer District, Alaska Northern Alaska Area Office Post Office Box 36088, Fairbanks, Alaska 99703-0088		FROM: Osborne Construction Company 3701 Breddock Street Fairbanks, Alaska 99707		CONTRACT NO. DACAS-01-C-0023		
SPECIFICATION SEC. NO. (Cover only one section with each transmittal) 01015		CHECK ONE <input type="checkbox"/> THIS IS A NEW TRANSMITTAL <input checked="" type="checkbox"/> THIS IS A RESUBMITTAL OF TRANSMITTAL 01015-1				
CHECK ONE: THIS TRANSMITTAL IS FOR						
<input type="checkbox"/> FOR VARIATION (See Instructions no. 8) <input checked="" type="checkbox"/> GOVT APPROVAL						
ITEM NO.	DESCRIPTION OF ITEM SUBMITTED <small>(Type, size, model number, etc.)</small>	MFG. OR CONTR. CAT., CURVE DRAWING OR BROCHURE NO. <small>(See Instructions no. 8)</small>	NO. OF COPIES	CONTRACT REFERENCE DOCUMENT SPEC. PARA. NO. DRAWING SHEET NO.	FOR CONTRACTOR USE CODE	FOR DE USE CODE
1	Safety & Health Plan	Statement	1	1.4	A Accepted	G
<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> RECEIVED AUG 23 2002 Northern Alaska AREA OFFICE </div>						
REMARKS: Safety & Health Plan revised per COE comments.						
I certify that the above submitted items have been reviewed in detail and are correct and in strict conformance with the contract drawings and specifications except as otherwise noted.						
 NAME AND SIGNATURE OF CONTRACTOR Chris Sedley QCSM					NAME AND SIGNATURE OF CONTRACTOR	
SECTION II - APPROVAL ACTION						
ENCLOSURES RETURNED (List by Item No.) <div style="text-align: right;"> PHILIP L. SALMON, P.E. Administrative Contracting Officer </div>				NAME, TITLE, AND SIGNATURE OF APPROVING AUTHORITY PHILIP L. SALMON, P.E. Administrative Contracting Officer		
				DATE SEP 06 2002		

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NORTHERN ALASKA AREA OFFICE

10/21/02 12:40 FAX 907-326-1100

10/21/02 12:48 FAX 9073537070

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TRANSMITTAL COMMENTS

CONTRACT NO: DACA85-01-C-0026

01015-1B

DATE: 09/06/02 REVIEWER AO SHEET 1 OF 1

ITEM CODE COMMENT

1 G ACCEPTED, WITH THE FOLLOWING COMMENTS. RESUBMISSION IS NOT REQUIRED.

1. This plan is accepted contingent upon satisfactory implementation of this plan and performance of personnel in the field.

2. This plan is a living document and shall be updated as required during the life of this contract.

3. Please note the correction of the item number from 2 to 1, as originally submitted on transmittals 01015-1 and 01015-1A.